

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|---|---|
| 1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC | | 3. FEC Identification Number C C90011313 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 550 | | |
| (c) City, State and ZIP Code WASHINGTON DC 20036 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

| | | | | |
|---------|---|-------|---|-----------------|
| M M | / | D D D | / | Y Y Y Y Y Y Y Y |
| THROUGH | | | | |
| M M | / | D D D | / | Y Y Y Y Y Y Y Y |

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

67384.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Frank Cannon

Frank Cannon

11/01/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Lisa Campbell | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L St NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632976.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Lisa Campbell | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L St NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 30117.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Chris Crawford | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L St NW | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632926.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 150.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Chris Crawford

Date

MM / DD / YYYY
11 / 02 / 2012Mailing Address
1707 L St NW

Amount

50.00

Transaction ID : F57.7014

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: OH
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
SHERROD BROWNCalendar Year-To-Date Per Election
for Office Sought 30067.46Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Ryan Drury

Date

MM / DD / YYYY
10 / 26 / 2012Mailing Address
1707 L Street NW
Ste 550

Amount

50.00

Transaction ID : F57.6999

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: _____
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMACalendar Year-To-Date Per Election
for Office Sought 601225.41Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Ryan Drury

Date

MM / DD / YYYY
10 / 26 / 2012Mailing Address
1707 L Street NW
Ste 550

Amount

50.00

Transaction ID : F57.7000

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: OH
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
SHERROD BROWNCalendar Year-To-Date Per Election
for Office Sought 28608.67Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

150.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|--|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Facebook | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 156 University Ave | | Amount 500.00 | |
| City Palo Alto | State CA | Zip Code 94301-1605 | Transaction ID : F57.6980 |
| Purpose of Expenditure Web Ads | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 608581.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Fairfield Inn | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 5200 Fashion Square Blvd | | Amount 600.32 | |
| City Saginaw Charter Township | State MI | Zip Code 48603 | Transaction ID : F57.7020 |
| Purpose of Expenditure Hotel | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 30909.63 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Fairfield Inn & Suites Weirton | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 11 Amerihost Dr | | Amount 600.32 | |
| City Weirton | State WV | Zip Code 26062 | Transaction ID : F57.7019 |
| Purpose of Expenditure Hotel | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 633768.75 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 1700.64 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee FP1 Strategies | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address P.O. Box 16504 | | Amount 40000.00 | |
| City Alexandria | State VA | Zip Code 22302 | Transaction ID : F57.6979 |
| Purpose of Expenditure Radio Ad | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT P JR CASEY | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 40000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Gravis Marketing, Inc. | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 910 Belle Ave Ste 1042 | | Amount 4268.08 | |
| City Winter Springs | State FL | Zip Code 32708 | Transaction ID : F57.7001 |
| Purpose of Expenditure Robocalls | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 612996.94 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Gravis Marketing, Inc. | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 910 Belle Ave Ste 1042 | | Amount 4268.08 | |
| City Winter Springs | State FL | Zip Code 32708 | Transaction ID : F57.7002 |
| Purpose of Expenditure Robocalls | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 617265.02 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 48536.16 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Jennifer Gross | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632826.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Jennifer Gross | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29967.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee i360, LLC | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 1725 Duke St Ste 675 | | Amount 7603.11 | |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Expenditure Voter Data | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 624868.13 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 7703.11 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee i360, LLC | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 1725 Duke St Ste 675 | | Amount 7603.11 | |
| City Alexandria | State VA | Zip Code 22314 | |
| Purpose of Expenditure Voter Data | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632471.24 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Kroger | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 264 S. Hollywood Blvd. | | Amount 61.19 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 608728.86 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Kroger | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 264 S. Hollywood Blvd. | | Amount 61.19 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 002 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29612.12 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 7725.49 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Kroger | | Date MM / DD / YYYY 11 / 01 / 2012 | |
| Mailing Address 264 S. Hollywood Blvd. | | Amount 105.34 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Supplies | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632676.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Kroger | | Date MM / DD / YYYY 11 / 01 / 2012 | |
| Mailing Address 264 S. Hollywood Blvd. | | Amount 105.34 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Supplies | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29817.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Mary Novick | | Date MM / DD / YYYY 10 / 26 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 601175.41 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 260.68 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Mary Novick | | Date MM / DD / YYYY 10 / 26 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 28558.67 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Office Max | | Date MM / DD / YYYY 10 / 30 / 2012 | |
| Mailing Address 300 South Hollywood Blvd. | | Amount 9.90 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 607981.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Office Max | | Date MM / DD / YYYY 10 / 30 / 2012 | |
| Mailing Address 300 South Hollywood Blvd. | | Amount 9.90 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29364.74 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 69.80 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INCFull Name (Last, First, Middle Initial) of Payee
Mary Powers

Date

MM / DD / YYYY
11 / 02 / 2012Mailing Address
1707 L St NW
Ste 550

Amount

50.00

Transaction ID : F57.7011

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMACalendar Year-To-Date Per Election
for Office Sought 632876.58Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Mary Powers

Date

MM / DD / YYYY
11 / 02 / 2012Mailing Address
1707 L St NW
Ste 550

Amount

50.00

Transaction ID : F57.7012

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: OH
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
SHERROD BROWNCalendar Year-To-Date Per Election
for Office Sought 30017.46Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Mallory Quigley

Date

MM / DD / YYYY
10 / 26 / 2012Mailing Address
1707 L Street NW
Ste 550

Amount

50.00

Transaction ID : F57.6993

Purpose of Expenditure
MealsCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMACalendar Year-To-Date Per Election
for Office Sought 601075.41Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

150.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Mallory Quigley | | Date MM / DD / YYYY 10 / 26 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 28458.67 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Speedway | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 2619 Sunset Blvd | | Amount 26.41 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Gas | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 608642.24 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Speedway | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 2619 Sunset Blvd | | Amount 26.41 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Gas | | Category/ Type 002 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29525.50 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 102.82 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|--|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Subway | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 114 S Hollywood Blvd | | Amount 34.35 | |
| City Steubenville | State OH | Zip Code 43592 | Transaction ID : F57.6985 |
| Purpose of Expenditure Meals | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 608615.83 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|--------------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Subway | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 114 S Hollywood Blvd | | Amount 34.35 | |
| City Steubenville | State OH | Zip Code 43592 | Transaction ID : F57.6986 |
| Purpose of Expenditure Meals | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29499.09 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Nora Sullivan | | Date MM / DD / YYYY 10 / 26 / 2012 | |
| Mailing Address 1707 L Street Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | Transaction ID : F57.6995 |
| Purpose of Expenditure Meals | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 601125.41 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 118.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Nora Sullivan | | Date MM / DD / YYYY 10 / 26 / 2012 | |
| Mailing Address 1707 L Street Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 28508.67 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee US AIRWAYS | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 111 W RIO SALADO PKWY | | Amount 191.85 | |
| City TEMPE | State AZ | Zip Code 85281 | |
| Purpose of Expenditure Flight | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 633168.43 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee US AIRWAYS | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 111 W RIO SALADO PKWY | | Amount 191.85 | |
| City TEMPE | State AZ | Zip Code 85281 | |
| Purpose of Expenditure Flight | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 30309.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 433.70 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Billy Valentine | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632726.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Billy Valentine | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L Street NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29867.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Natalie Valentine | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L St NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 632776.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 150.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Natalie Valentine | | Date MM / DD / YYYY 11 / 02 / 2012 | |
| Mailing Address 1707 L St NW Ste 550 | | Amount 50.00 | |
| City Washington | State DC | Zip Code 20036 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29917.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 2600 Sunset Blvd | | Amount 25.43 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 608667.67 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Vocelli Pizza | | Date MM / DD / YYYY 10 / 31 / 2012 | |
| Mailing Address 2600 Sunset Blvd | | Amount 25.43 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29550.93 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 100.86 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 16
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|--|-------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Wendy's | | Date MM / DD / YYYY 10 / 30 / 2012 | |
| Mailing Address 2206 Sunset Blvd. | | Amount 16.30 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Transaction ID : F57.6981 |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 607971.58 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Wendy's | | Date MM / DD / YYYY 10 / 30 / 2012 | |
| Mailing Address 2206 Sunset Blvd. | | Amount 16.30 | |
| City Steubenville | State OH | Zip Code 43952 | |
| Purpose of Expenditure Meals | | Category/ Type 001 | Transaction ID : F57.6982 |
| Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN | | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 29354.84 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|--|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____ | |

| | | |
|---|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 32.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | 67384.56 |